



Walking Trip and Picture Release Form School Year 2018-2019

(Effective until the last day of school year in which my child is enrolled)

1000 Richmond Terrace
Staten Island, NY 10301
(718) 442-6112

Child's Name: _____

Class: _____

Picture Release:

I grant permission for photographs of my child or art work created by my child to be used in publications, films or events promoting the Montessori Philosophy and/or the Children's Harbor Montessori School.

I also grant permission for photographs of my child and or art work created by my child to be used for purposes of the Children's Harbor Montessori School annual yearbook.

Signed: _____
(Parent or Guardian)

Date: _____

Walking Trip Release:

I grant permission for my child to participate in walking trips around the grounds of Snug Harbor Cultural Center. I understand the children will always be accompanied by their instructors, whether visiting the Children's Harbor Playground, the Staten Island Children's Museum, the Staten Island Botanical Gardens, or various other points of interest on the grounds.

Signed: _____
(Parent or Guardian)

Date: _____